



Agency Name: _____ Agency Code: _____

Site Address: _____

Distribution Date: _____

Household Size	Annual	Monthly	Weekly
1	\$47,880	\$3,990	\$921
2	\$64,920	\$5,410	\$1,248
3	\$81,960	\$6,830	\$1,576
4	\$99,000	\$8,250	\$1,904
For each additional family member, add	\$17,040	\$1,420	\$328

Updated May 2026

TEFAP participation eligibility is based on the need for emergency food, the household meets the below income guidelines or a household member participates Commodity Supplemental Food Program (CSFP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Food Distribution Program on Indian Reservations (FDPIR), Supplemental Food Assistance Program (SNAP) and Supplemental Security Income (SSI), or a student with an approved free or reduced-price school meals application. Current Michigan residents are eligible.

Household breakdown and zip codes are optional and not required to receive food.

	Print Name	Current Michigan Resident	Zip (Optional)	Ages 0-17 (Optional)	Ages 18-59 (Optional)	Ages 60+ (Optional)	Total # in Household	Eligibility
<input type="checkbox"/> 1								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/> 2								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/> 3								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/> 4								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/> 5								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/> 6								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/> 7								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food
<input type="checkbox"/> 8								<input type="checkbox"/> Income <input type="checkbox"/> Program <input type="checkbox"/> In need of Emergency Food

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